

THE RELATION BETWEEN CHILD AND ADULT ANALYSIS: TECHNIQUE *

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THE psychoanalysis of children has developed from, and is based on, the psychoanalysis of adults. In their essential feature the use of interpretation to achieve modification of the psychic structure, the analyses of children and adults, are identical. The differences that do exist arise from the fact that the maturational levels of the ego and libido are dissimilar in adults and children.

In order for interpretations to be effective we must appreciate the child's developmental level. Those special characteristics of the child that help us to gather useful information, and to talk to him in an appropriate way, must be fully understood. These vary from child to child and from age to age. The child under three has rarely been analyzed because his ability to verbalize and his means of communication to us are limited. Children from three to six often make excellent analytic patients because they are capable of detailed verbalizations and can communicate effectively in games. The fact that primary process thinking is still quite dominant, although modified by secondary processes, enables us to follow the child's productions in very much the way that we listen to the free associations of the adult. The child's communications differ from free association in that the material he brings forward is predominantly in the form of play and action, with little or no attempt to verbalize everything that comes to mind. There is, however, a relatively free flow of thought and response with a shift in cathexis from idea to seemingly unrelated idea, as in free association. A brief summary of a session with a child will serve to illustrate the relative ease with which one can follow this material, and will give some indication of the interpretive use of it.

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A three-year-old patient was brought to a session by her mother. The mother, who had been holding the patient's infant brother in her arms, then left, taking the baby with her. Throughout the session the child, Mary, asked for her mother. She wanted to paint, and proceeded to play at painting and at messing the walls and the analyst without actually doing so. She played another game in which the analyst was to cry for his mother. Mary played the role of the unheeding mother and refused to feed him. She frequently looked in the waiting room for both mother and brother. I told her that she wished her mother were here, so that she would not have to be so angry at her for going away with her brother instead of her. She was delighted when her mother returned, and crawled on the floor like a baby. I told her that she wished to be like her brother so that she could always be with mother. At the end of the session she didn't want to leave me.

This then is the three-year-old's equivalent of free association. The three-year-old can be so free because his superego is still poorly developed, and his defenses, including reaction formation and repression, are relatively undeveloped. With the advent of latency and concomitant personality change, the similarity to free association often diminishes. The games are more thoroughly disguised as the superego and defenses grow. Secrets are now kept from the analyst. Because the ego becomes more mature and more defensive, the degree of primary process thinking is diminished. But despite these seemingly obstructive trends, the latency child can often inform us of his trouble through his play and his talk, all the more so if he develops a therapeutic alliance with the analyst that is fairly consistent. This is not always easy with children. Often the child does not suffer, and may have little wish to be cured of symptoms that, after all, trouble his parents and not himself. While there are periods of suffering and desire to obtain help from the analyst, there are also periods during which this conscious need does not exist. There are moments of intense anxiety that the child may attribute to the analysis and that may cause great resistance in him. The more mature adult would continue to attend sessions under such circumstances, but in the case of children we must depend on the ego of the mother to supplement that of the child, in insisting on continuation of the treatment during occasions of stress. This is to be anticipated, since the child's judgment is naturally defective; he would not go to a surgeon for appendicitis were it not for the protective reality orienta-

tion of his parents. Most children expect the parents to participate by supporting the analysis when they resist. They also find it quite acceptable for the parents to talk to the doctor and give him information. Since the child is not fully aware of his environment, he is unable to supply, and is uninterested in describing, the details of everyday life. He may describe wonderful fantasies but neglect the reality events that stimulated them. Hence it is essential to hear of reality from his mother and father.

Since the child analyst sees the parents frequently for information there is a temptation to guide and advise, to step out of the analytic role into that of the manipulator. Mothers often request and expect advice and guidance. Child analysts generally avoid this, although sometimes it is felt necessary to stabilize the environment so that analysis may take place.

One area that has become the subject of controversy and modification among child analysts is that of giving presents to the child patient. In adult analysis the analyst, in order to be able to interpret his patient's affectionate and hostile feelings and thoughts most convincingly, must remain in a neutral position. The analyst assiduously avoids acting out with the patient, and carefully restricts his activity to making interpretations. If an adult with a relatively mature ego is angry at not receiving a gift on his birthday, this anger can be analyzed since the patient is able to recognize that it is not customary for physicians to purchase gifts for their patients. The discrepancy between the infantile wish and the adult expectation forms a base on which the analysis can proceed. But in analysis of children there is an acceptable rationale for the common practice of giving presents, since presents are viewed differently by children. Many analysts have customarily given presents—or even food—to their little patients. Nor have they hesitated to receive presents. Such a procedure would certainly be “acting out” in adult analysis and would interfere markedly with the analysis in most cases. Children, on the other hand, expect gifts from friends, and it is difficult to convince them that the hostility resulting from not receiving a gift is irrational and is capable of analysis. Believing the analyst to be not neutral but hostile, the child may decline to participate in the analytic work. A less accurate way of looking at this situation is to say that in order to analyze a child the positive transference must be maintained. Giving a gift helps to achieve this. Similar reasoning makes the child

analyst accept gifts when the adult analyst would not.

There is now a growing tendency for child analysts not to offer or receive gifts. Oftener than we had expected, the child can tolerate this frustration and we appreciate the special position of the analyst. Dr. Paul Kay, in particular, has made important observations on this point. In one case that he cited, the analyst's refusal to accept a gift from a ten-year-old boy resulted in angering the child. But through the analyzing procedure, the observing aspects of the child's ego held up—as is usually the case in adults. The child was able to understand his wishes to give the gift, and also his rage. Dr. Kay and the boy explored the boy's intense desire to maintain his contact and unity with the analyst, just as he wished to do with his father and mother, who had died some years before. The fury could be interpreted as belonging to the past, when he was so angry about being left.

Thus far I have discussed how child analysis is modeled on adult analysis and how the modifications that are made are a function of differences in levels of development. In addition child analysis has contributed to adult analytic technique.

The most significant contribution from child analysis is the vivid and detailed accumulation of children's experiences, which in themselves have made more accurate constructions possible in adult analyses.

An awareness of the particular defenses that children are prone to use—described by Anna Freud, who may be called one of the mothers of child analysis—is now part of the adult analyst's equipment. Descriptions of modes and confusions of perception and thinking in children at certain ages have been described by Dr. Judith Kestenberg. One of Dr. Melitta Sperling's contributions has been to detail some of the conscious and unconscious interactions between mother and child that result in disease.

Having a clear picture of what the libidinal phases look like in actual children—as differentiated from the stereotypes one was in danger of using prior to observations made by child analysts—enables the analyst to perform reconstruction in a way that is more convincing to the adult patient. In our institute we have been trying to add to the students' repertory of vivid impressions of what childhood really looks like by supplementing theoretical concepts, descriptions, and reconstructions from adult analyses with descriptions of segments of children's analyses. In the course on instincts taught by Dr. Harold Blum, for instance,

child analysts have participated, supplying data from the anal phase or phallic phase as part of the discussion.

Of course child analysts, through research in child development by direct observation, have contributed to understanding children and hence to more accurate reconstruction. A particularly interesting combination of research by direct observation and the analysis of the child has been contributed by Drs. Peter Neubauer and Isidor Bernstein. The former was a member of a group that observed children with unusual drive endowments while the latter analyzed an especially oral child.

Many of these observations have become so much a part of the equipment of the analyst of adults that he is barely aware that he has learned them from the analysts of children.

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